



CONTRACT AWARD SHEET
Internal Services Department
Procurement Management Services

Bid No. 8607-0/18
Award Sheet

DIVISION

BID NO.: **8607-0/18**

PREVIOUS BID NO.: **8607-4/13-4**

TITLE: **SCUBA, SKIN DIVING EQUIP & REPAIR PARTS**

CURRENT CONTRACT PERIOD: **02/06/2014** through **02/28/2019**

Total # of OTRs: **0**

MODIFICATION HISTORY

Bid No. 8607-0/18

Award Sheet

DPM Notes

APPLICABLE ORDINANCES

LIVING WAGE: **No**

UAP: **Yes**

IG: **No**

OTHER APPLICABLE ORDINANCES:

CONTRACT AWARD INFORMATION:

No Local Preference

No Micro Enterprise

Full Federal Funding

No Performance Bond

Small Business Enterprise (SBE)

PTP Funds

Partial Federal Funding

No Insurance

Miscellaneous:

REQUISITION NO.:

PROCUREMENT AGENT: **BONNIE WILSON**

PHONE: 305 375-5765

FAX: 305 375-4407

EMAIL: BONNIEW@MIAMIDADE.GOV

DEPARTMENT OF PROCUREMENT MANAGEMENT
DIVISION

VENDOR NAME: **AUSTIN'S DIVING CENTER INC**
 DBA:
 FEIN: **591280143** SUFFIX : **01** CITY: **MIAMI** ST: **FL** ZIP: **33156**
 STREET: **10525 S DIXIE HWY**
 FOB_TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **-**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
GOUG AUSTIN	305-665-0636	-	305-665-0789	DIVING@AUSTINS.COM

VENDOR NAME: **TARPOON LAGOON INC**
 DBA:
 FEIN: **650749616** SUFFIX : **01** CITY: **MIAMI BEACH** ST: **FL** ZIP: **33139**
 STREET: **300 ALTON ROAD # 110**
 FOB_TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **-**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
JACOB SHEKELS	305-532-1445	-	305-532-8928	SERVICE@TARPOONDIVECENTER.CO

Details:

ITEMS AWARDED Section:

Item # Description

Qty

Unit Price

End of ITEMS AWARDED Section

AWARD INFORMATION Section

BCC Award:

DPM Award: **No**

BCC Date:

DPM Date: **01/29/2014**

Contract Amount: \$ **500,000.00**

Additional Items Allowed:

Agenda Item No.:

Special Conditions:

SEE ATTACHMENT FOR AWARD DETAILS

BPO INFORMATION Section:

1	ABCW1400328																		
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End of BPO Information Section